K101930 1/3

510k Premarket Notification		MAR	15	2011
Navis® Bone Plating System	·	WAIT	: ,	2011
MEMOMETAL TECHNOLOGIES				

SECTION 5: 510(K) SUMMARY

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

As required by section 807.92(c)

Submitter	MEMOMETAL TECHNOLOGIES
	Campus de Ker Lann - Rue Blaise Pascal
	35170 BRUZ – France
	Phone: + 33 (0)2 99 05 59 69
	Fax :+ 33 (0)2 99 05 95 62
Contacts	Gilles AUDIC Quality Manager
	Bernard PRANDI General Manager
	e-mail: gilles.audic@memometal.com
	bernard.prandi@memometal.com
Preparation date	06/15/2010
Trade Name	Memometal Navis® Bone Plating System
Common Name	Memometal Navis® Bone Plating System
Class	II
Product Code	HRS
	HWC
CFR section	888.3030 -
Classification Name	Plate, Fixation, Bone
	Screw, Fixation, Bone
Legally marketed	K051567 MEDARTIS, INC. APTUS® Titanium Fixation System
predicate devices	K060041 TRIMED Bone plates
	K050512 & K060514 STRYKER variax® distal radius system
Description .	MEMOMETAL Navis® Bone Plating System is single use bone
	fixation appliances intended to be permanently implanted.
	They are designed with anatomical shape plates made of
	biocompatible titanium alloy. The Bone Plating System use 2.5
	mm locking, unlocking screws and 1.8 mm smooth locking
	pegs. The drill holes of the plates are aligned to assure the
	screws do not touch. The plates vary essentially through

510k Premarket Notification	
Navis® Bone Plating System	
MEMOMETAL TECHNOLOGIES	

THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH	different lengths , widths, number of plate holes, left and
	right shapes.
Intended Use &	The Navis® radius Plate is indicated for the fixation of
Indication for use	fractures and osteotomies involving the distal radius.
Performance data	No clinical tests were used in the claim of substantial
	equivalence.
	Mechanical characterization of plates including 3 points
	bending test have been performed to demonstrate
	equivalence between Memometal Navis® bone plate system
	(K101930) and Aptus® Medartis bone plate system
	(K051567). The test was processed in accordance with the
! 	ASTM F382-99 standard.
•	Additionally a characterization of the bending resistance of
· 	Memometal Navis® plates (K101930) and Medartis Aptus®
	plates (K051567) in bending loading conditions has been
	performed.
	An engeneering rationale containing a comparison of
	mechanical properties bending strength between Memometal
	Navis® Pegs (K101930) and Trimed pegs (K060041) has
	been performed.
	Mechanical characterization of pegs back out resistance on
	plates has been performed to demonstrate equivalence
	between Memometal Navis® bone plate system (K101930);
	and STRYKER variax® distal radius system (K050512 &
	K060514)
	All these tests demonstrate substantial equivalence between
	the Navis® bone plating system and their predicate devices.
	For this reason we didn't consider pre clinical data necessary.
Substantial equivalence	The MEMOMETAL Navis® Bone Plating Systems are
	substantially equivalent to their predicate MEDARTIS, INC.
	APTUS® Titanium Fixation System (K051567) for the plates
	and screws in terms of intended use and indications for use,
	material, design (thickness, length, number of holes) and
THE RESIDENCE OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF T	

Navis® Bone Plating System	
MEMOMETAL TECHNOLOGIES	

function, and to TRIMED Bone plates (K060041) & STRYKER variax® distal radius system (K050512 & K060514) for Pegs in terms material, design (diameter, length), mechanical characteristics (back out and bending strength) and function. Any minor differences between these devices do not raise new questions of safety and effectiveness.

DEPARTMENT OF HEALTH & HUMAN SERVICES



Food and Drug Administration 10903 New Hampshire Avenue Document Mail Center - WO66-G609 Silver Spring, MD 20993-0002

Memometal Technologies % Mr. Gilles Audic Campus de Ker Lann Rue Blaise Pascal 35170 BRUZ FRANCE

MAR 1 5 20rt

Re: K101930

Trade/Device Name: Memometal Navis Bone Plating System

Regulation Number: 21 CFR 888.3030

Regulation Name: Single/multiple component metallic bone fixation appliances and

accessories

Regulatory Class: II

Product Code: HRS, HWC Dated: March 1, 2011 Received: March 7, 2011

Dear Mr Audic:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must

comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark N. Melkerson

Director

Division of Surgical, Orthopedic and Restorative Devices Office of Device Evaluation Center for Devices and Radiological Health

かなれん

Enclosure

510k Premarket Notification	
Navis® Bone Plating System	
MEMOMETAL TECHNOLOGIES	

INDICATIONS FOR USE				
510(k) Number (if known): <u>KIOLABO</u> Device Name: MEMOMETAL Navis® Bone Plating System Indications for Use:				
The Navis® radius Plate is indicated for the fixation of fractures and osteoton involving the distal radius.	nies			
Prescription Use				
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE ON NEEDED))F			
Concurrence of CDRH, Office of Device Evaluation (ODE)				
(Division Sign-Off)Y Division of Surgical, Orthopedic, and Restorative Devices	የ ላዲ			
K101930				

510(k) Number _